

## Eligibility Determination for Section 504 Services

(Does the student need a Section 504 plan?)

	Date:	_____
Student:	_____	
School:	SSID:	_____
Grade:	DOB:	_____

To be protected from discrimination under Section 504, a student must be determined to:

- \*(1) have a physical or mental impairment that substantially limits one or more major life activity; or
- (2) have a record of such an impairment; or
- (3) be regarded as having such an impairment.

***\*Only students who fall under “Prong 1” are entitled to a free, appropriate public education (FAPE), which may or may not require a 504 plan—see below. (A Section 504 plan describes the accommodations, aids, and services a student needs to access and benefit from their education.)***

**Considering all evaluation data, the 504 team must complete the following to determine whether a student needs Section 504 services.**

- 1. Does the student have a physical or mental impairment(s)?** *Do not consider the positive/helpful effects of mitigating measures to answer this question (e.g. medicine or devices that assist the student), other than the use of ordinary glasses or contact lenses.) Examples of a physical or mental impairment: physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.*

☐ Yes      ☐ No

If yes, describe the impairment:

Enter text

If no, the student does not qualify for Section 504 services.

2. **Does the physical or mental impairment affect one or more major life activities?** *Examples of general activities that are major life activities: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating, as well as major bodily such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.*

☐ Yes                      ☐ No

If yes, identify the major life activity:

Enter text

3. **Does the physical or mental impairment substantially limit one or more major life activities?** *(1) "Substantially limits" does not mean "significantly restricted." (2) The team should not consider the mitigating measures, except for ordinary eyeglasses or contact lenses. (3) The impairment may be episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission.*

☐ Yes                      ☐ No

If no, describe why the student is not considered substantially limited:

Enter text

If the answer to questions 1 and 2, and 3 above, is "yes" answer question 4, below.

4. Now ***taking mitigating measures back into consideration***, does the student need accommodations, aids and services during school activities in order for their educational needs to be met as adequately as those of their non-disabled peers?

☐ Yes                      ☐ No

If the answers to questions 1, 2, 3, and 4, above, are all "yes", a 504 plan will be developed for the student. Services identified on the student's 504 plan are determined by a team and based on the results of the student's evaluation. Parental consent is required before conducting an initial evaluation. Parental consent is also required before an LEA can begin providing services and accommodations for the first time.

## 504 Team

*(The 504 Team will review and consider evaluation data when determining the student's eligibility for a 504 plan. At a minimum, the team will include: (1) someone who knows the student—for example, a parent, teacher, physician, nurse, or counselor; (2) someone who can analyze and interpret the evaluation data; and (3) someone who is knowledgeable about placement options at the school. Note that a staff person can fill more than one of these.)*

### 504 Team Members

Name \_\_\_\_\_ Title \_\_\_\_\_ Enter title  
Signature \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
This person knows: ☐ the student ☐ the meaning of the evaluation data ☐ placement options

Name \_\_\_\_\_ Title \_\_\_\_\_ Enter title  
Signature \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
This person knows: ☐ the student ☐ the meaning of the evaluation data ☐ placement options

Name \_\_\_\_\_ Title \_\_\_\_\_ Enter title  
Signature \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
This person knows: ☐ the student ☐ the meaning of the evaluation data ☐ placement options

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This person knows: ☐ the student ☐ the meaning of the evaluation data ☐ placement options

Name \_\_\_\_\_ Title \_\_\_\_\_ Enter title  
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This person knows: ☐ the student ☐ the meaning of the evaluation data ☐ placement options